ment of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY REPORT PREPARING THIS PEROPT

E OLMS THE INSTRUCTIONS CAREFORD THIS REPORT	
1 File Number U	2 Fiscal Year Covered From
	图/图/配理 Through 配/图/图》
3 Name and address of person filing	4 Name file number and address of labor organization
Name_Name_	Name A Company of the
	Labor Organization File Number
P O Box Bldg Room No If any	PO Box Building and Room Number if any
Street Street	Street Street
City	City
State ZIP Code + 4	State ZIP Code + 4
5 Position in labor organization	沙姆斯的温度的中国,他们是不是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of	
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income
Name LE MARKET NAME OF THE PARTY OF THE PART	
Trade Name If any 国际人民国和国际国际人民国际	
PO Box Bldg Room No If any	7 b Amount
Street	
City M. L. Company of the Company of	
State ZIP Code + 4	
Signature	
15 Signature and verification. The undersigned declares under penalty of Penury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions.)	
undersigned s knowledge and belief true correct and complete (See the se	ction on penalties in the instructions)
	1 File Number U 3 Name and address of person filling Name P O Box Bldg Room No if any Street City State ZIP Code +4 5 Position in tabor organization Enter appropriate data below if during the past liscal year you or your spone (except as specified in the exclusion of t

Name of Person Filing Touce, Allqueen	File Number U	
B Held an Interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any) Name Trade Name if any	9 Business deals with a Labor Organization	
PO Box Bldg Room No if any Street	b Trust c Employer	
State ZIP Code +		
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any	11 a Nature of such dealing –	
Street City State ZIP Code + 4	1) Approximate dollar value of such dealing 12 a Nature of interest held or income received	
	12 b Amount	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment	
Name Main Wall And		
Trade Name if any		
PO Box Bldg Room No if any		
Street City City		
State ZIP Code + 4		
13 b is the Business an Employer [章] or Consultant [夢] ?	14 b Amount of payment	
Form LM 30 (2003)	Page 2 o	